

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

70/04805Q

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2					
TOTAL DEP.	5					
TOTAL CLAIMS	7					

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

BEST AVAILABLE COPY